# Semiannual index

# of Medical Economics articles

JANUARY THROUGH JUNE 1971

Each listing shows title of major article or short item (in italics). First two figures following title indicate date of issue; last figure indicates page number on which the article or item starts. Back copies of MEDICAL ECONOMICS may be purchased, as long as the supply lasts, at \$2 each, postpaid.

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# STOPS DEEPLY IMBEDDED RINGWORM\*...

FULVICIN-U/F® Tablets griseofulvin (microsize) tablets, U.S.P.

The use of this drug is not justified in minor or trivial infections which will respond to topical antifungal agents alone. CLINICAL CONSIDERATIONS - INDICATIONS: \*FULVICIN-U/F is fungistatic rather than fungicidal, and it is specifically active against superficial fungi which cause tinea (ringworm) of the scalp, beard, body, hands, feet, fingernails and toenails. It is fungistatic to fungi which attack the skin, hair and nails of man and animals, namely, Trichophyton mentagrophytes, Trichophyton return, Trichophyton schoenleini, Trichophyton sulphureum, Trichophyton verrucosum, Trichophyton interdigitale, Epidermophyton floccosum, Microsporon gypseum, Microsporon canis and Microsporon audouini. This antifungal antibiotic is inactive against bacteria, monilia, histoplasmosis, North American blastomycosis, cryptococcosis, actinomycosis, sporatrichasis, coccidioidamycosis and Malassezia furfur (tinea versicolor). The use of this drug is not justified in minor or trivial infections which will respond to topical antifungal agents alone. NOTE: Prior to the institution of therapy, the type of fungi responsible for the infection should be identified. CONTRAINDICATIONS: This drug is contraindicated in patients with porphyria, hepatocellular failure, and in individuals with a history of hypersensitivity to griseofulvin. WARNINGS: Usage in Pregnancy: Safety for use of this drug in pregnancy has not been established. PRECAUTIONS: As with all antibiotics, the use of this drug may result in an overgrowth of non-susceptible organisms, particularly monilia (Candida). Constant observation of the patient is essential. If new infections appear during therapy, appropriate measures should be taken. Patients on prolonged therapy with any potent medication should be under close observation. Periodic monitoring of organ system function, including renal, hepatic and hemopoietic, should be done. Since griseofulvin is derived from species of penicillium, the possibility of cross sensitivity with penicillin exists; however, known penicillin-sensitive patients have been treated without difficulty. Patients should be cautioned to avoid exposure to intense or artificial sun rays to prevent development of photosensitivity reactions. Patients on other drugs also metabolized by the liver, particularly barbiturates and warfarin-type anticoagulants, may require dosage adjustment of either the griseofulvin or anticoagulants. Barbiturates usually decrease griseofulvin activity. ADVERSE REACTIONS: Serious side effects reported with griseofulvin therapy are rare and are usually associated with high doses and/or long periods of therapy. Reactions are commonly of the hypersensitivity type, such as skin rashes, urticaria, and rarely serum sickness, angioedema, and may necessitate withdrawal of therapy and appropriate countermeasures. Parasthesias of the hands and feet have been reported rarely after extended therapy. Other side effects reported occasionally are oral thrush, nausea, vomiting, epigastric distress, diarrhea, headache, heartburn, fatigue, dizziness, insomnia, mental confusion, psychomotor incoordination, impairment of performance of routine activities, photosensitivity and peripheral neuritis. Proteinuria and leukopenia have been reported rarely. Administration of the drug should be discontinued if granulocytopenia occurs. Available in 125 mg., 250 mg., and 500 mg. scored tablets.

For more complete details, consult package insert or Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Union, New Jersey 07083.

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# CHEWABLE SORBITRATE®

Mode of Action: Isosorbide dinitrate reduces in number and severity the incidence of angina pectoris attacks, with concomitant reduction in nitroglycerin intake.

Indications: Sublingual and Chewable: For the prevention and treatment of angina pectoris.

Oral: For the relief of angina pectoris. It is not intended to abort the acute anginal episode. SORBITRATE WITH PHENOBARBITAL is indicated for patients in whom the angina pectoris is accompanied by anxiety or its related symptoms.

Contraindications: A history of sensitivity to the drug.

Warnings: Data supporting the use of nitrates during the early days of the acute phase of myocardial infarction are insufficient to establish safety. Phenobarbital may be habit forming.

Precautions: Should be used with caution in patients who have glaucoma. Tolerance and cross tolerance to other nitrates may occur.

Adverse Reactions: Headache which may be severe and persistent. Lowering the dose and using analgesics will help control the headaches which usually diminish or disappear as therapy is continued.

Adverse reactions seen occasionally: Cutaneous vasodilation with flushing; transient dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension: individual marked sensitivity to the hypotensive effects of nitrates wherein severe responses can occur even with the usual therapeutic dose (alcohol may enhance this effect); drug rash and/or exfoliative der-

This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine and other agents.

Dosage and Administration: Route: Sublingual, oral and chewable tablets.

Individual Dose: To minimize hypotensive responses, which may occasionally be severe with chewable doses as low as 10 mg., the smallest effective dose should be employed. Chewable tablets are generally given in doses of 5 mg. Sublingually or orally, 5 to 10 mg. is the range commonly used although doses of up to 30 mg. have frequently been employed.

Dosage Schedule: Smallest effective dose necessary for the prevention and treatment of pain of an anginal attack. Sublingual Sorbi-TRATE may be taken p.r.n. or at 4 to 6 hour intervals; Oral SORBITRATE may be taken 3 to 4 times daily. Chewable SORBITRATE may be taken for prompt relief of anginal pain 3 or 4 times daily. Although the onset and duration of effect of coronary nitrates may vary, following are the generally reported ranges of these values for SORBITRATE:

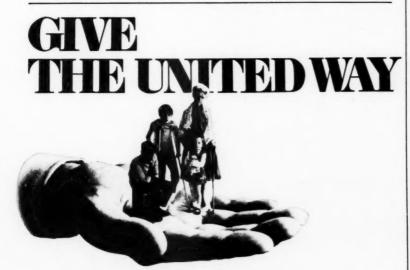
Onset of Effect: Sublingual and Chewable: 2 to 5 minutes. Oral: 15 to 30 minutes.

Duration of Effect: Sublingual and Chewable: 1 to 2 hours. Oral: Estimated to be 4 to 6 hours.

It is recommended that the oral dosage be taken on an empty stomach.



STUART PHARMACEUTICALS Pasadena, Calif. 91109 Division of ATLAS CHEMICAL INDUSTRIES, INC.



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